



EarthWalk-Fairbanks Youth Programs at Matsinger Forest
Emergency Contact and Health Information Form 2024

Child's name _____

Age _____ DOB _____

Parent/Guardian (1) _____

Relationship to child _____

Home address _____

Phone (day) _____ Can we text message you? __yes __no

Parent/Guardian (2) _____

Relationship to child _____

Home address _____

Phone (day) _____ Can we text message you? __yes ____no

People (other than parent or guardian) whom we may contact in the event of an emergency (note: we always will attempt to contact parent/guardian first).

Name _____

phone _____

Name _____

phone _____

Allergies: _____

Other health concerns or special accommodations/assistance needed (please be specific):

PHYSICIAN'S NAME _____

phone _____

Health Insurance Company _____

Policy # _____

People (other than parent/guardian) authorized to pick up your child from the program:

Name _____

phone _____

Name _____

phone _____

Signature of Parent/Guardian _____

Date _____